

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM 170-00) | | | | | | | SERIAL NO. 545493 | | FILING DATE 4-7-00 | |
|---|----------|-----|------------------------|-----|------------------------|-----|----------------------|--|-----------------------|--|
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
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